

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/565487**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		2		2		
4		2		2		
5	1		1			
6	1		1			
7		2		2		
8	1		1			
9	1		1			
10	1		1			
11	1		1			
12	1		1			
13		1		1		
14		1		1		
15		2		2		
16		2		2		
17		2		2		
18	1		1			
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TOTAL IND.	12	↓	12	↓		↓
TOTAL DEP.	14	←	13	←		←
TOTAL CLAIMS	26		25			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						